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Bib Data Sheet

CONFIRMATION NO. 7099

SERIAL NUMBER 10/090,553	FILING DATE 03/04/2002 RULE	CLASS 174	GROUP ART UNIT 2831	ATTORNEY DOCKET NO. XW-35C
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* yes / cn

This application is a CIP of 10/054,407 01/22/2002 PAT 6,506,972

\*\* FOREIGN APPLICATIONS \*\*\*\*\* none / cn

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/05/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <i>CN</i> Initials	NY	35	20	1

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## TITLE

Magnetically shielded conductor

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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